

LOGISTICS INVOICE

[Company Name]

[Address Line 1]

[Contact Details]

Invoice #: _____

Date: _____

Ref/Job #: _____

SHIPPER / EXPORTER

CONSIGNEE / BILL TO

VESSEL/FLIGHT NO.

PORT OF LOADING

PORT OF DISCHARGE

MODE OF TRANSPORT

Sea Air Road

Description of Charges	Qty/Units	Rate	Currency	Total
Ocean/Air Freight				
Origin Terminal Handling (THC)				
Customs Clearance Fees				
Documentation / BL Fee				
Inland Haulage / Trucking				
Insurance				

Subtotal: _____

Tax/VAT: _____

GRAND TOTAL: _____

SHIPMENT DETAILS

Container No: _____ | Seal No: _____ | Weight: _____ KG | Volume: _____
 CBM

PAYMENT INSTRUCTIONS

Bank Name: _____ | Account Name: _____ | SWIFT/IBAN: _____